

Guidelines for Physician Assistant Temporary Practice Certificate Application

Carefully read all of the items on the enclosed application for licensure. Your completed application will require a number of additional documents.

- Application for physician assistant license with three parts:
 1. General applicant information
 2. If applicable, work-setting information. Your temporary practice certificate may be issued without this information, but you must have it on file before any practice begins.
 3. A notarized affidavit (application Page 5)
- NCCPA documentation of certification is required before you can be issued a full license. Send a copy of the enclosed form (on application Page 6) to NCCPA to request this documentation. Submit a copy of the completed form with your application.
- Official Transcripts, in institutionally sealed envelopes, from undergraduate **and** Physician Assistant schools.
- The Board accepts an official Physician Assistant Information Profile from the Federation of State Medical Boards' **Federation Credentials Verification Service** in lieu of transcripts and NCCPA documentation. For more information about the FCVS Profile, visit the FSMB web site at <http://www.fsmb.org>.
- A verification of licensure status, in an institutionally sealed envelope, from any jurisdiction where you have ever held a professional license.
- A check or money order payable to "Commonwealth of Massachusetts" for \$102.00

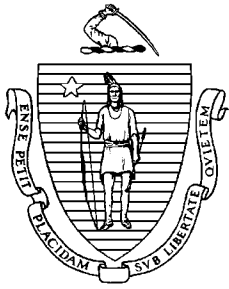
The answers to most of your questions about licensure will be found in the regulations. If you have questions *after* reviewing the regulations, you may contact the Board office at (617) 727-3069.

Physician Assistant licensure requirements are found in the Massachusetts General Laws, Chapter 112, sections 9C - 9K. The General Laws are available in most libraries or online at <http://www.state.ma.us/legis/laws/mgl/index.htm>.

The Board of Registration of Physician Assistant regulations, at 263 Code of Massachusetts Regulations (CMR) 2.00 - 6.00, governing physician assistants licensure and practice, are available on the Board's web site, at <http://www.state.ma.us/reg/boards/ap>, They may also be purchased from the State House Bookstore for a nominal fee. State House, Room 116
Boston MA 02108
(617) 727-2834

Processing time varies considerably, depending on the background of the applicant. Typically, from the time a fully completed application is received, **you can expect notification of your status in 2-4 weeks.**

When you have received notification that you have passed the NCCPA certification examination, you must apply for a full license. Applications are available on the Board's web site <http://www.state.ma.us/reg/boards/ap>, or call the Board office @ (617) 727-3069 and leave your name and address at the "application" prompt. **Please note that Board regulations [263 CMR 3.04 (3)] require a Physician Assistant with a Temporary Practice permit to cease practicing immediately upon notification that he/she has failed the second administration of the certification examination.**



Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Physician Assistants
239 Causeway Street
Boston MA 02114
(617) 727-3069
<http://www.state.ma.us/reg/boards/ap>

Temporary Practice Certificate Application - \$102.00

1a. Applicant Name: _____
LAST FIRST MIDDLE

1b. Previous name: _____
LAST FIRST MIDDLE

2. Address: _____
NO. STREET APT. #
CITY/TOWN STATE ZIP+4 CODE

3. Telephone Number(s) Day: _____ Evening: _____
Email (optional) _____

4. Date of Birth: ____/____/____
(mm/dd/yyyy)

5. Gender: M F
(Circle One)

6. Social Security Number: _____

(Disclosure is mandatory) Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

7. I certify, under the pains and penalty of perjury, that I have taken, or I will register for and take the next available administration of the NCCPA certifying examination.

Date, or anticipated date of NCCPA Certification exam ____/____
(mm/yyyy)

Signature

Date

FOR BOARD USE ONLY Cash Number _____ Temp. Certificate Number: _____

8. Education

PA Program Name/Location: _____

Degree awarded: _____ Date of Graduation: _____
_____/_____
(mm/yyyy)

Submit official transcript in institution-sealed envelope. Not required if you are submitting a
Physician Assistant Information Profile from the Federation of State Medical Boards'
Credentials Verification Service

Name and location of Institution Granting Bachelors Degree: _____

Degree: _____ Date Awarded: _____/_____
Submit official transcript in institution-sealed envelope (mm/yyyy)

Name and location of other post-secondary institution(s) : _____

Degree: _____ Date Awarded: _____/_____
(mm/yyyy)

9. List any professional licenses or certifications held in any jurisdictions.
(Attach an unopened certificate of standing from each jurisdiction)

Lic. No.	Issuing Jurisdiction
_____	_____
_____	_____
_____	_____

10. WORK SETTING INFORMATION

Complete A Separate Copy Of This Section For Each Work Setting

If you are not employed at the time of application for a Temporary Practice Certificate, return this completed form to the Board of Registration of Physician Assistants, 239 Causeway Street, Boston, MA 02114 prior to commencing employment.

Applicant: _____
LAST FIRST MIDDLE Temp. Practice Cert. No.
(if any)

Name of Facility or Office: _____

Address: _____

Type Facility: Office () Clinic () HMO () Hospital () Other: _____

Type Employment: Full time () Part time ()

List names of Massachusetts hospitals at which you will practice or be affiliated with in this work setting:

Check all areas of practice that apply to this setting:

___ Primary Care	___ Administration	___ Emergency Medicine
___ General Surgery	___ Internal medicine	___ Occupational health
___ Geriatric medicine	___ Education	___ Pediatrics/Adolescents
___ Clinical research	___ Obstetrics/Gyn.	
___ Other (specify) _____		

11. SUPERVISING PHYSICIAN INFORMATION

Complete A Separate Copy For Each Supervisor

Applicant: _____
LAST FIRST MIDDLE Temp. Practice Cert. No.
(if any)

Physician: _____
LAST FIRST MIDDLE LIC. NO.

TO BE COMPLETED BY SUPERVISING PHYSICIAN:

A licensed physician can be the Supervising Physician of Record for no more than two (2) Physician Assistants at any one time (M.G.L., C 112 §9E and 263 CMR 5.05 (2)). **A physician assistant with a temporary practice certificate must have all written prescriptions or medication orders signed by a supervising physician or his designee prior to issuance of the prescription/order.**

Physician Assistants supervised in past two years:

Name: _____	Dates: _____
Name: _____	Dates: _____
Name: _____	Dates: _____
Name: _____	Dates: _____

Have you (the Supervising Physician) been disciplined (as defined by the Board of Registration in Medicine regulations) by any government authority, hospital or other health care facility, or professional medical association (international, national or local) within the last ten (10) years from the date of this application? ☐ Yes ☐ No

Within the last ten (10) years from the date of this application, have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, suspended or revoked, or resigned from a medical staff in lieu of disciplinary action or has any quality assurance committee suggested any form of corrective action concerning your practice. ☐ Yes ☐ No

I understand that, notwithstanding any other provisions of law, a physician assistant may perform medical services when such services are rendered under my supervision. Such supervision shall be continuous, but shall not require my personal presence. **I will supervise no more than two physician assistants at any one time.**

Signature of Supervising Physician

Date

The following **applicant** questions require an attached, detailed explanation for any **YES** answer.

12. Have you ever been a defendant in a Medical Malpractice claim? Yes ☐ No ☐
Include claim #, date(s) and current status of claim with your explanation

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?
Yes ☐ No ☐

14. Has any disciplinary action been taken against you by any licensing/certification board located in the United States or any country or foreign jurisdiction?
Yes ☐ No ☐

15. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction?
Yes ☐ No ☐

16. Have you voluntarily surrendered any professional license to a licensing/certification board in the United States or any country or foreign jurisdiction?
Yes ☐ No ☐

17. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?
Yes ☐ No ☐

AFFIDAVIT

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Physician Assistants to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to MGL c.119, s.51A, I will fulfill my obligations to report abuse and neglect of children; that I will otherwise conform to the ethical standards of the medical profession in Massachusetts and all rules and regulations of the Board; and that I have read and understand this affidavit.

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

Notary Name: _____

Commission expires: _____

Notary Signature_____

Attach a recent passport-type photograph here.

If you are submitting a **Physician Assistant Information Profile** from the Federation of State Medical Boards' Credentials Verification Service (optional), your examination results will be reported with your Profile. If you are not submitting a **Profile**, follow the directions below.

When you take the NCCPA examination, request that your results be reported to the MA Board of Registration of Physician Assistants.

If you have already taken the NCCPA examination, make a copy of this form and mail it to:

**NCCPA
12000 Findley Road
Suite 200
Duluth, GA 30097**

I hereby authorize and direct the National Commission on Certification of Physician Assistants, Inc., to release to the

Massachusetts Board of Registration of Physician Assistants
239 Causeway Street
Boston MA 02114

any and all information concerning my eligibility, examination, and/or certification status, and/or examination scores which the Massachusetts Board of Registration of Physician Assistants may require in conjunction with my application for registration. I hereby release the National Council on Certification of Physician Assistants, Inc., and its agents and employees from any liability arising out of its compliance with such a request for information.

_____ Signature of Applicant	_____ Date	
1a. Applicant Name:		
_____ LAST	_____ FIRST	_____ MIDDLE
1b. Previous name:		
_____ LAST	_____ FIRST	_____ MIDDLE
2. Address:		
_____ NO.	_____ STREET	_____ APT. #
_____ CITY/TOWN	_____ STATE	_____ ZIP+4 CODE
3. Day Telephone Number(s) : _____		
4. Date of Birth: ____/____/____ 5. Social Security Number: _____		
6. NCCPA Certificate No. (if any) : _____		
7. Date of Exam: ____/____/____ (mm/dd/yyyy)		